

Instructions on back

CACFP Center Number	
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1. Name of Sponsoring Organization			
Sponsor Phone #			
Center Name			
Center Phone #			
Center Address			
City		Zip	
County			

2. **Federal Tax Status of Center** (Check one)

☐ For-Profit ☐ Nonprofit

3. **Age range of teens in attendance:** _____

4. **Participant Data**

By visual appearance, using your best judgment, count the number of children in each category at this center and report these numbers below.

Racial/Ethnic Category	Number of Teens	For State Use Only Census Data
Alaskan Native or American Indian		
Asian		
Black or African American		
Hispanic or Latino		
Native Hawaiian or other Pacific Islander		
White (not of Hispanic origin)		
Other		
Total		

5. Hours open:	From	To
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Hours open on School Vacations & Weekends:	From	To
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Days open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Months open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

6. **What is the plan for meal preparation?** (Check all that apply)

- ☐ A. Prepared at this center
- ☐ B. Prepared at Sponsor's central kitchen
- ☐ C. Purchased from a local school system
- ☐ D. Purchased from a food service company
- ☐ E. Purchased from a food service company as part of an umbrella contract
- ☐ F. Other _____

7. **Meal Service:**

Meal Served	Usual Service		School Vacation/ Weekend Schedule
	Number of Teens Served	Time Meal Served	Time Meal Served
PM Snack			
Supper			

8. What is the elementary school young children would attend if they lived next door to the center?

School Name & Address	
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9. I certify this information is correct to the best of my knowledge.

Print name of person in charge of this center on a daily basis _____

Title _____

Signature _____

Date _____

This form is to be completed for each afterschool program serving 13-19 year olds planning to participate in CACFP. Programs are eligible to be reimbursed for snack and/or supper if they are located in an eligible low-income area. Programs must also provide regularly scheduled educational or enrichment activities in an organized structured environment.

INSTRUCTIONS FOR COMPLETING DOH-4154

The number of each instruction corresponds to the numbered questions on the form that may need clarification.

3. Enter the age range of the teens in attendance at the center. Teens up through age 18 (or 19, if the teen turn 19 during the school year) who attend this program after their school day ends are eligible. If the center provides care and meals to children younger than 13, a DOH-3682 must be completed.
4. Federal civil rights laws require that each center provide this information.
5. Snacks and suppers must be served in a program that operates after the school day has ended. Snacks and/or suppers may be reimbursed if they are served on weekends or holidays, including vacation periods (e.g., spring break) during the regular school year only. Programs are not eligible for reimbursement during the summer unless the schools operate on a year-round basis.
- 6B. *Prepared at the Sponsor's central kitchen.* Meals for the center are prepared at the Sponsor's kitchen and delivered to this center.
- 6D. *Purchased from a food service company.* The meals served are purchased from a food service company, caterer, restaurant, hospital, etc.
- 6E. *Purchased from a food service company as part of an umbrella contract.* An example of an umbrella contract might be an afterschool program on a college campus. The campus is under contract with a food service company and the contract includes all food service operations on that campus.
- 6F. *Other.* If your food preparation method is not described in the options listed above, explain your specific situation.
7. Identify which meals are served at the center on a daily basis and school vacations/holidays/weekends, if different. On the line next to the meals that have been checked, enter the number of teens usually served daily and the time the meal is served. Afterschool centers for teens may claim up to **one** snack and **one** supper per child per day. If both are served, three hours must elapse between the beginning of one meal service and the beginning of another. Centers may request a waiver from this requirement by contacting CACFP. Snacks and suppers must be served after the end of the regular school day and prior to midnight that day.
9. **This application must have the original signature of the person in charge of this center on a daily basis.**

FOR STATE USE ONLY

Date eligible for CACFP: _____

Eligible for seconds Yes ☐ No ☐

Eligible At Risk Yes ☐ No ☐

At Risk Verification:
BEDS No. _____

At Risk Expiration Date: _____

Approved for:

At Risk Snack ☐ At Risk Supper ☐

10 Month (Sep-Jun) ☐ 12 Month ☐

Staff Initials: _____

Date: _____

Comments: _____
